

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006198

STATE FILE NUMBER

AMENDED

Registration District No. 228

Primary Registration District No. 200

Registrar's No. 250c

FILED FEB 26 1962

1. PLACE OF DEATH

a. COUNTY

Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Douglas

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN Springfield

Length of stay in 1b

1 day

c. CITY

OR

TOWN Wasola,

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Doctors Memorial

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Glen Allan Leckenby

4. DATE

OF

DEATH

Month

Day

Year

Feb. 10, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

7-25-93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hamburg, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Edward Leckenby

13b. MOTHER'S MAIDEN NAME

Josephine Miller

14. NAME OF HUSBAND OR WIFE

Velma Leckenby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Velma Leckenby, Wasola, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

40 hours

DUE TO (c)

Coronary Arteriosclerosis

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/9/62 to 2/10/62 and last saw her alive on 2/10/62

Death occurred at 8: A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

700 E. 6th St. Springfield, Mo.

22c. DATE SIGNED

2-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Denney

23d. LOCATION (City, town, or county)

Ava, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.

2-23-62

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fisk

Licensed Embalmer No. 4662

P. O. Address Ava Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.